

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000302

1. Entity Name

IHS ACQUISITION XV, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90040 010 ***150.00

Principal Place of Business

Mailing Address

RED RUN BLVD.
MILLS MD 21117

10065 RED RUN BLVD.
OWINGS MILLS MD 21117-4827

2. Principal Place of Business

910 RIDGEBROOK ROAD

3. Mailing Address

910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPARKS, MD 21152

City & State

SPARKS, MD 21152

Zip

Country

Zip

Country

4. FEI Number

52-2012475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

National Corporate Research, LTD, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1406 Hays Street, Suite #2

City

Tallahassee

FL

Zip Code

32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

John Morrissey, Asst. Vice President April 25, 2000

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, TAYLOR	NAME	INTEGRATED HEALTH SERVICES, INC.
STREET ADDRESS	10065 RED RUN BLVD.	STREET ADDRESS	910 RIDGEBROOK RD.
CITY-ST-ZIP	OWINGS MILLS MD 21117	CITY-ST-ZIP	SPARKS, MD 21152
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, MARSHALL A	NAME	INTEGRATED HEALTH SERVICES, INC.
STREET ADDRESS	10065 RED RUN BLVD.	STREET ADDRESS	910 RIDGEBROOK RD.
CITY-ST-ZIP	OWINGS MILLS MD 21117	CITY-ST-ZIP	SPARKS, MD 21152
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, MARC B	NAME	INTEGRATED HEALTH SERVICES, INC.
STREET ADDRESS	10065 RED RUN BLVD.	STREET ADDRESS	910 RIDGEBROOK RD.
CITY-ST-ZIP	OWINGS MILLS MD 21117	CITY-ST-ZIP	SPARKS, MD 21152
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, ROBERT	NAME	INTEGRATED HEALTH SERVICES, INC.
STREET ADDRESS	10065 RED RUN BLVD.	STREET ADDRESS	910 RIDGEBROOK RD.
CITY-ST-ZIP	OWINGS MILLS MD 21117	CITY-ST-ZIP	SPARKS, MD 21152
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULCHINO, MARK	NAME	INTEGRATED HEALTH SERVICES, INC.
STREET ADDRESS	10065 RED RUN BLVD.	STREET ADDRESS	910 RIDGEBROOK RD.
CITY-ST-ZIP	OWINGS MILLS MD 21117	CITY-ST-ZIP	SPARKS, MD 21152
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Fulchino* **Mark Fulchino** 4/23/00 410-773-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)